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Abstract 9840: National Trends in Statin Use for Secondary Prevention in the Adult Cardio-Oncology Population from 2006 to 2017

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Abstract

Introduction: Adults with a history of cancer may have increased risk of atherosclerotic cardiovascular disease (ASCVD) from cancer therapies and shared modifiable risk factors. While cancer history is associated with disparities in other areas of cardiology care, recent trends of secondary cardiovascular prevention in the cardio-oncology population is understudied. We examined trends in statin use for secondary prevention of ASCVD in the U.S. adult population.

Hypothesis: We hypothesized that cancer history is associated with decreased statin use, and this trend persists over time.

Methods: This retrospective longitudinal study included adults over age 21 with ASCVD, defined as a history of coronary artery disease (CAD) or stroke. Demographics, medical conditions, and prescribed medications between January 2006 and December 2017 were obtained from the Medical Expenditure Panel Survey database. Multivariable logistic regressions examined associations between cancer history and statin use, adjusting for age, sex, calendar year, socioeconomic variables, and comorbidities.

Results: Among 26,813 adults with ASCVD, 4040 participants (15.1%) also had a history of cancer, defined as the cardio-oncology group. The cardio-oncology group was older on average compared to adults with only ASCVD (mean [SE], 70.9 [0.4] years vs. 65.1 [0.2] years; $P < 0.001$). More adults in the cardio-oncology group also had a history of diabetes (33.9% vs. 30.6%, $P = 0.01$) or dyslipidemia (78.2% vs. 73.0%, $P < 0.001$) compared to those with only ASCVD. Between 2006-2007 and 2016-2017, age-adjusted rates of statin use decreased from 35.7% to 32.6% in the ASCVD only group. Across the cardio-oncology group, age-adjusted rates of statin use also decreased from 43.4% to 35.8% during this period. In multivariable adjusted analysis, cancer history was associated with decreased odds of statin use across the 12-year period (OR 0.86; 95% CI 0.76-0.98).

Conclusions: Adults with a history of ASCVD and cancer were significantly less likely to use statins for secondary prevention despite higher prevalences of diabetes and dyslipidemia. This treatment gap persisted across the 12-year period, identifying a need for more cardiovascular preventive care in the cardio-oncology population